

# Corpus Uteri

NAACCR

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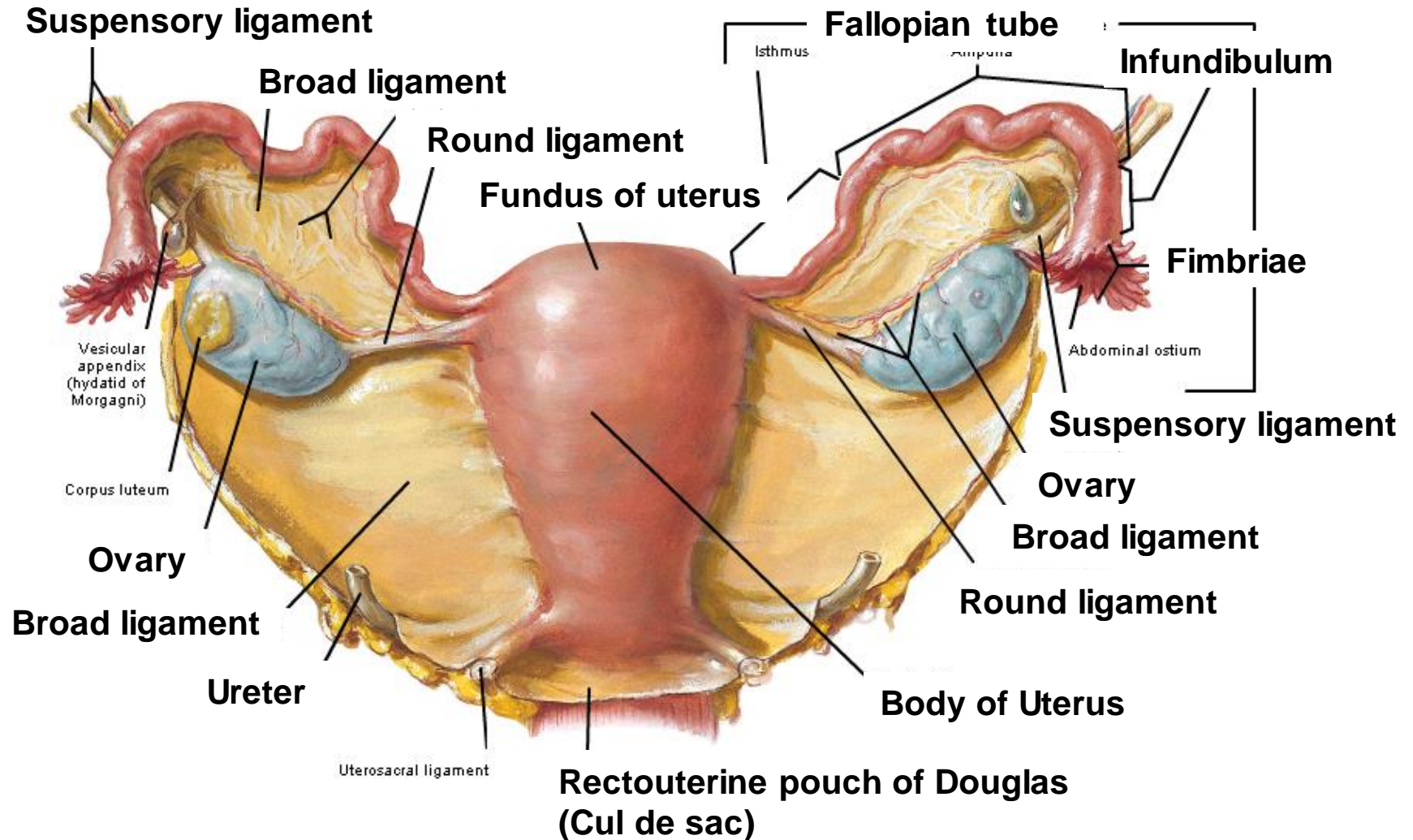
Denise Harrison, BS, CTR

# Uterine Cancer by the Numbers

- 4<sup>th</sup> most common cause of cancer in women
- 6<sup>th</sup> most common cause of cancer deaths in females
  - Deaths increased by 2% each year for black and white women
- Most common GYN malignancy
  - >90% uterine cancers are endometrial
  - ~65,620 new cases expected in 2020
  - ~69% of cases are dx'd at early stages

# Uterus and Adnexa: Posterior View

3



Adapted from Netter. Atlas of Human Anatomy

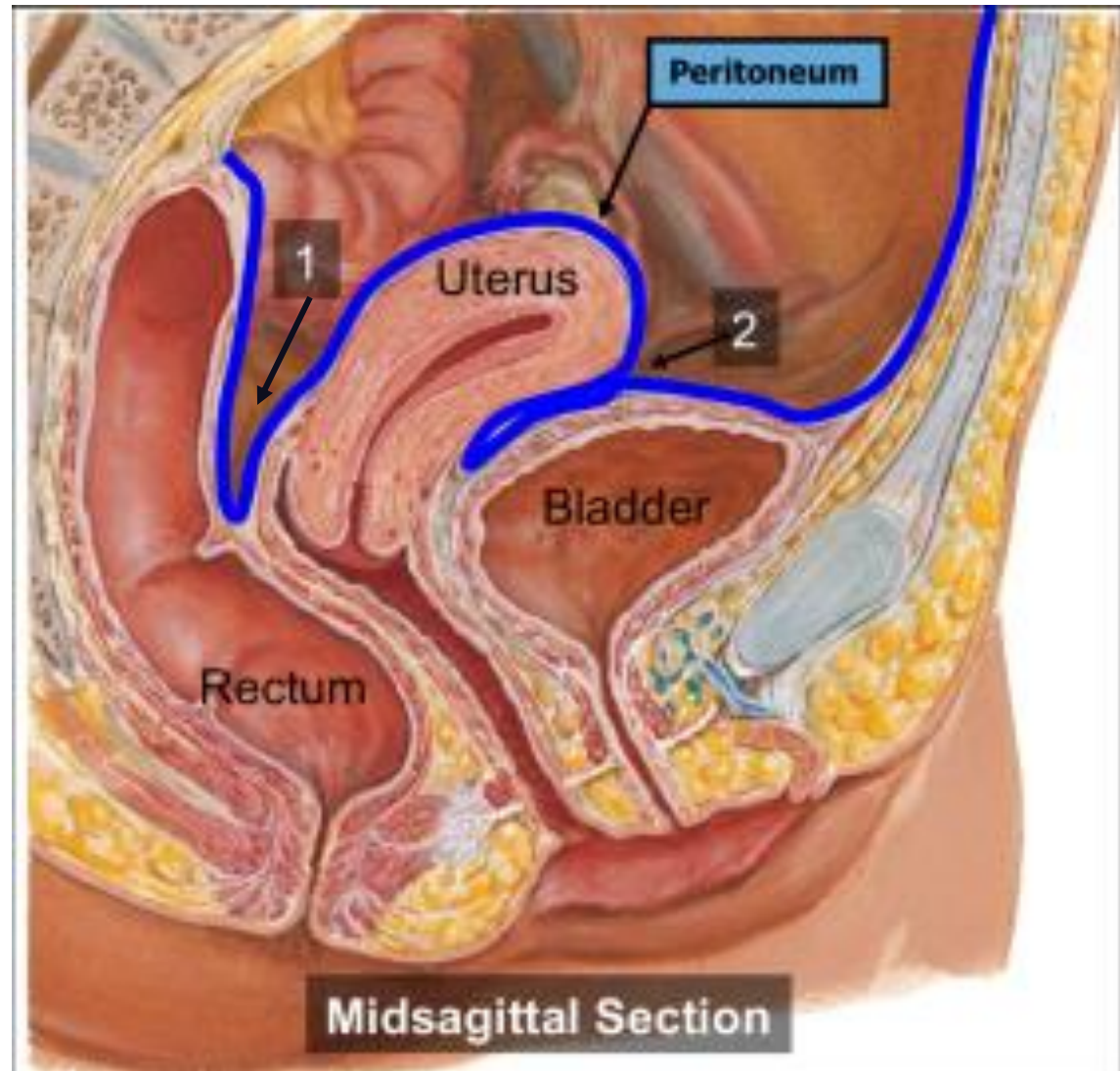
# Peritoneum of the Female Pelvis

## 1 Rectouterine pouch of Douglas

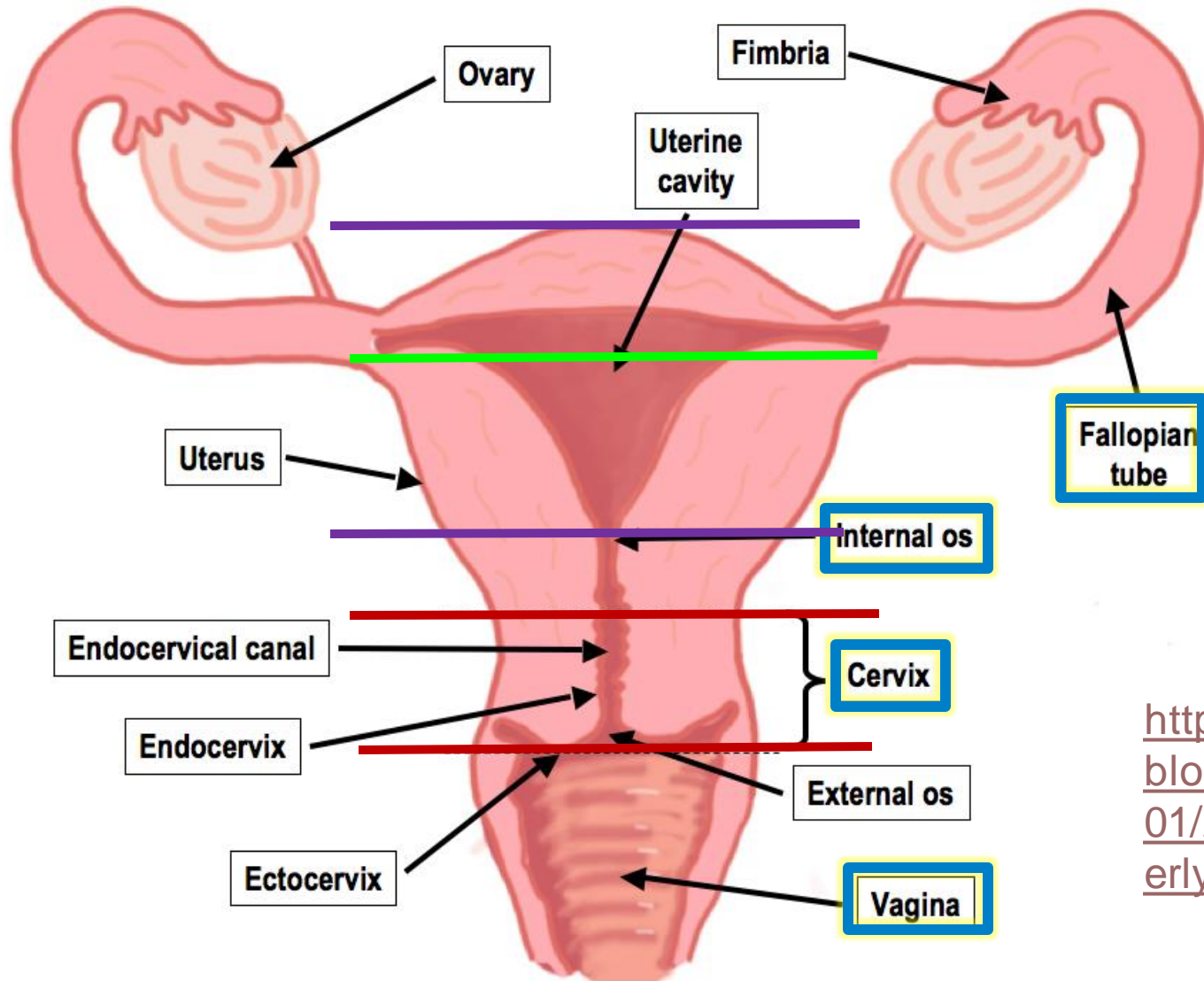
- Space between mid-superior rectum and uterus
- Lowest point of abdominal cavity
- AKA Cul de sac, Pouch of Douglas, rectovaginal septum

## 2 Vesicouterine pouch

- Space between post. surface of urinary bladder & ant. surface of uterus



# Anatomy of Uterine Corpus



<https://histologyblog.com/2013/01/20/histoquart-erly-cervix/>

# Corpus RLNs – Carcinomas and Sarcomas

- Aortic, NOS
  - Lateral (lumbar)
  - Para-aortic
  - Periaortic

- Iliac, NOS
  - Common
  - External
  - Internal  
[hypogastric,  
obturator]

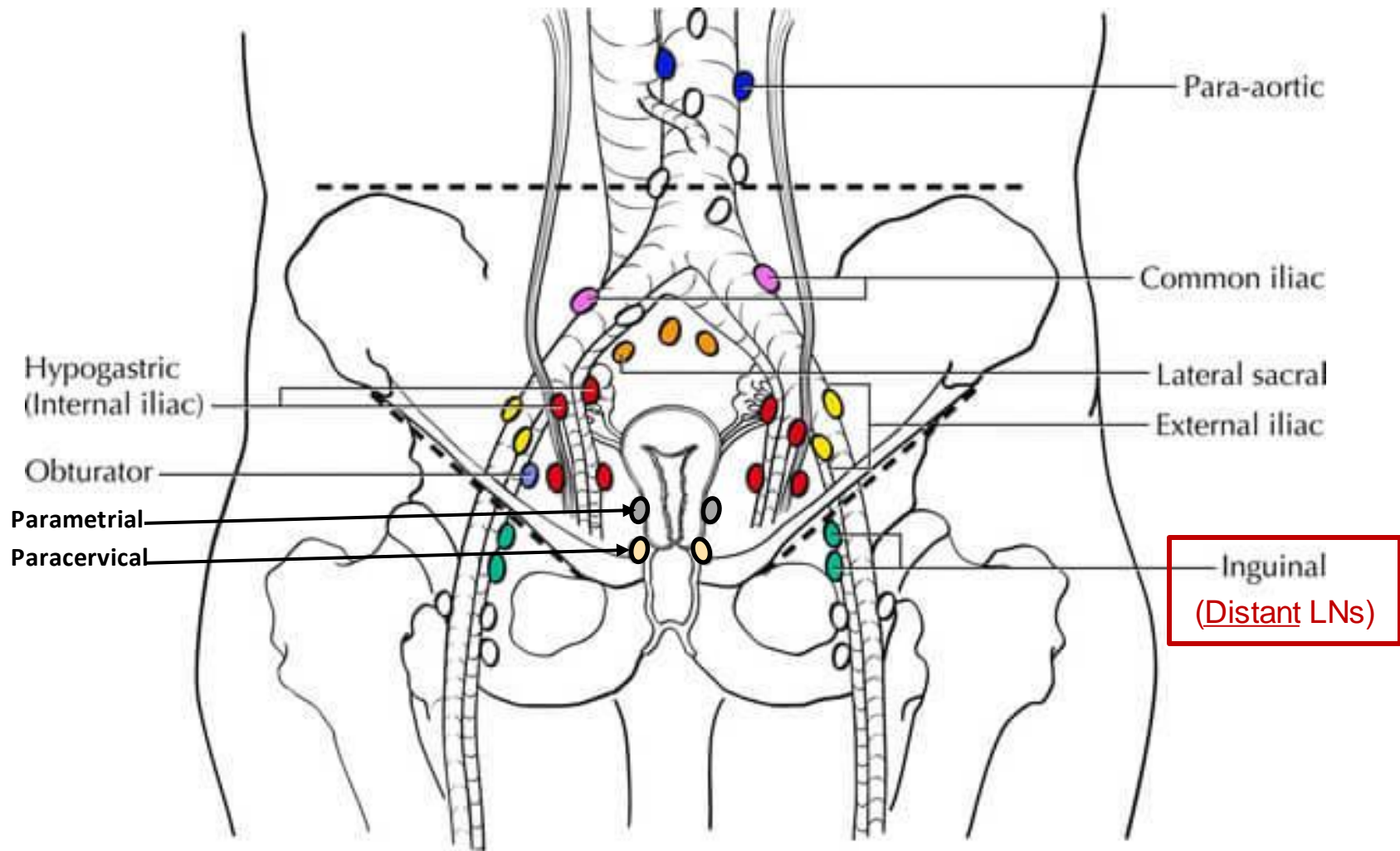
- Paracervical
- Parametrial
- Pelvic, NOS

- Sacral
  - Lateral sacral  
(laterosacral)
  - Middle  
(promontorial)  
(Gerota's node)
  - Presacral
  - Uterosacral



# RLNs – Corpus Uteri

7



Corpus Carcinoma and Carcinosarcoma  
Corpus Sarcoma

**SOLID TUMOR RULES**



# MP Rules – in Other Sites Rules

9

Use the **2007** MP/H general instructions for 2007-2020 cases

Rule	Description	#
M1	Unknown if single or multiple tumors	SP
M2	Single tumor	SP
M10	Tumors dx'd >1 year apart	MP
M11	Topography code different at 2 <sup>nd</sup> &/or 3 <sup>rd</sup> characters	MP
M15	Invasive following in situ > 60 days	MP
M16	NOS and specific histology	SP
M17	Histology code different at 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> number	MP
M18	None of the above rules apply	SP

# H Rules – in Other Sites Rules

10

- Use the **2007 MP/H** general instructions
- Code histology from most REPRESENTATIVE specimen
- Specific histology may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_\_ differentiation
- All four histology coding modules are in a single table on the next slide

Format	(Abbreviation on table) Module Name
Regular	(is) Single tumor in situ only
Regular	Single tumor in situ & invasive
<i>Italics</i>	(I) Single tumor invasive only
<b>Bold</b>	(M) Multiple tumors abstracted as a single primary

# H Rules – in Other Sites Rules

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H Rule			Description
is	/	M	is: single in situ; /: single invasive; M: multiple tumors
1	8	18	Path/cytology not available, use physician documentation
	9	19	No path/cytol from primary site, code from metastatic site
2	11	23	Single histology, code that histology
4	13	29	NOS and more specific, code the more specific
5	16	30	Multiple specific histo or NOS with multiple specific histo, assign a combo code from Table 2
6	17	31	Code histo with numerically higher code
7		28	Invasive and in situ, code the invasive histology
		21	Code 8077/2 for squamous epithelial neoplasia grade III
		22	Code 8148/2 for glandular epithelial neoplasia grade III
		24	Code underlying tumor when extramammary Paget

# STR Coding – Table 2

12

Required Histology	Combined With	Combination Term	Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323

## Examples:

- GYN malignancy with mucinous, serous, and papillary adenocarcinoma: code 8323 mixed cell adenocarcinoma (H5, H16, H30)
- GYN malignancy is papillary serous carcinoma – this is a single histology: code 8460 (H2, H11, H23)

# Case Scenario

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## Primary Site and Histology Fields

### **Primary Site**

Text field

### **Histology/behavior**

Text field

\*Dedifferentiated is also known as undifferentiated.

Carcinomas and  
Carcinosarcomas in one chapter

Sarcomas (including adeno-  
sarcomas) in separate chapter

Based on FIGO staging



# Summary Stage Categories

## Corpus Uteri

Code	Summary Stage		FIGO Stage	
	Carcinomas	Sarcomas	Carcinomas	Sarcomas
0	In situ	N/A	No FIGO for in situ	
1	Local		FIGO I	
2	Regional DE (includes (+) peritoneal cytology)		FIGO II, IIIA-IIIB	FIGO II
3	Regional LNs only		FIGO IIIC1-IIIC2	FIGO IIIC
4	2+3		FIGO IIIC1-2	FIGO IIIC
7	Distant		FIGO IVA-B	FIGO IIIA IIIB, IV

Carcinoma – Carcinoma and Carcinosarcoma  
 Sarcoma – Sarcoma and Adenosarcoma

- Based on FIGO Staging
- 3 separate EOD schemas
  - Corpus Adenosarcoma
  - Corpus Carcinoma
  - Corpus Sarcoma
- EOD Regional Nodes
  - Carcinomas use a different table than sarcomas
- EOD Mets tables are the same in all 3 schemas

- **SS2018:** added new Note 3 defining ITCs to the following chapters
  - Corpus Adenosarcoma
  - Corpus Carcinoma and Carcinosarcoma
  - Corpus Sarcoma
  - Cervix
- **EOD Regional Nodes:** ITCs defined

# Corpus Staging Systems – Carcinoma & Carcinosarcoma Histologies – AJCC Chap 53

18

8013 Large cell  
    neuroendocrine  
8020 Undifferentiated  
8041 Small cell  
    neuroendocrine  
8240 Carcinoid  
8263 Endometrioid,  
    villoglandular  
**8310 Clear cell**  
8323 Mixed cell adeno  
**8380 Endometrioid**  
8382 Endometrioid, secretory  
8441 Serous  
8480 Mucinous  
8570 Endometrioid, sq. diff  
8980 Carcinosarcoma

*8000 Neoplasm, malignant*  
*8010 Carcinoma, NOS*  
*8070 Squamous cell NOS*  
*8140 Adenoca NOS*  
*8255 Adenoca w/mixed*  
*subtypes*  
*8460 Papillary serous*  
*cystadenoca*  
*8461 Serous surface papillary*  
*8560 Adenosquamous*  
*8950 Muellerrian mixed tumor*

These histo not ideal;  
collectors may use if not  
enough info in medical  
record to document more  
specific dx

# What is MMMT? (Malignant Mixed Mullerian Tumor)

- Biphasic, high grade tumor with malignant epithelial and stromal components
- AKA carcinosarcoma, malignant mesodermal mixed tumor, metaplastic carcinoma
- MMMT (8950/3) is now a synonym for carcinosarcoma (8980/3)
- Per SINQ 20180071, if both terms are used in path description, code to 8980/3. If ONLY MMMT is used in path report, code 8950/3.

## Clinical

- Done prior to any treatment

**c**N0 may be used in the **p**N field with **p**T per AJCC chapter exceptions in Ch 53 & 54

## Pathological

- Usually surgical/ pathological staging is done
- Depth of myometrial invasion, tumor grade and presence of extrauterine disease
- Sentinel LN may be done



# Node Status Not Required in Rare Circumstances (Cancerstaging.org)

21

**All chapter exceptions where cN0 may be used for cN & pN category**

- 38 Bone
- 40 Soft Tissue Sarcoma of the Head and Neck
- 41 Soft Tissue Sarcoma of the Trunk and Extremities
- 42 Soft Tissue Sarcoma of the Abdomen and Thoracic
- 43 Gastrointestinal Stromal Tumor
- 44 Soft Tissue Sarcoma of the Retroperitoneum
- 53 Corpus Uteri Carcinoma and Carcinosarcoma
- 54 Corpus Uteri Sarcoma
- 67 Uveal Melanoma
- 68 Retinoblastoma

## **PLUS**

Chapter 1: Use cN0 for in situ tumors when LNs are not removed and pT is met per chapter definitions.

**Limited exception where cN0 may be used for pN category**

- 47 Melanoma: only used for pT1

# Corpus CA & Carcinosarcoma

22

SS18	EOD	EOD T	FIGO	Description
0	000	-	-	In situ, intraepithelial, noninvasive, preinvasive
1	300	T1	I	Invades myometrium NOS; invasive cancer confined to corpus uteri; localized NOS
2	450			300 + <i>endocervical gland involvement</i>
1	100	T1a	IA	Confined to endometrium or invades < 1/2 of myometrium
2	150			100 + <i>endocervical gland involvement</i>
1	200	T1b	IB	Invades ≥ 1/2 myometrium
2	250			200 + <i>endocervical gland involvement</i>
2	500	T2	II	Invades cervical stroma but does not extend beyond uterus; cervix uteri, NOS

Codes 100, 200, and 300 – need peritoneal cytology SSDI for derived SS

# Corpus CA & Carcinosarcoma

SS18	EOD	EOD T	FIGO	Description
2	650	T3	III	Involves serosa of corpus, adnexa, FT(s), ovary(s), vagina, or parametrium
2	550	T3a	IIIA	Tumor invades serosa of corpus uteri and/or adnexa
2	600	T3b	IIIB	Vaginal and/or parametrial involvement (SS & EOD see pelvic structures listed in code 600)
7	700	T4a	IV	See list for FIGO IVA
	10, 70	M1		Distant mets (see list for FIGO IVB)
7	700	T4a	IVA	Abdominal serosa, bladder/bowel mucosa, cul de sac, sigmoid colon, small intestine; further contiguous extension
7	10, 70	M1	IVB	Distant mets (70) including intra-abdominal and/or inguinal LN (10)

# Leiomyosarcoma & Endometrial Stromal Sarcoma, & *Adenosarcoma* FIGO Staging

I	Tumor limited to uterus	
IA	≤ 5 cm	Limited to endometrium/endocervix
IB	> 5 cm	Invasion < 50% myometrium
IC		Invasion ≥ 50% myometrial invasion
II	Tumor extends to pelvis	
IIA	Adnexal involvement (ovary, FT, ligaments that hold uterus)	
IIB	Tumor extends to extrauterine pelvic tissue	
III	Tumor invades abdominal tissues	
IIIA	One site	
IIIB	> One site	
IIIC	Mets to pelvic and/or para-aortic LN	
IVA	Tumor invasion of bladder and/or rectum	
IVB	Distant mets	

# Corpus Regional Node Staging

25

EOD N	FIGO	EOD Code		Description
		<b>Ch 53</b> <b>C,CS</b>	<b>Ch 54</b> <b>A &amp; S</b>	<b>C, CS</b> = Corpus adenoca, carcinosarcoma <b>A</b> = Adenosarcoma; <b>S</b> = Sarcoma
N0		000		No regional LN involvement
N0i+		050		Isolated tumors cells, none > 0.2 mm
<i>N1</i>	<i>IIIC</i>		<i>300</i>	<i>RLNs involved</i>
N1	IIIC1	300		Pelvic, diameter of metastasis unknown
N1mi		100		Pelvic > 0.2 mm but ≤ 2.0 mm
N1a		200		Pelvic > 2.0 mm
N2	IIIC2	600		Para-aortic, diameter of metastasis unknown
N2mi		400		Para-aortic > 0.2 mm but ≤ 2.0 mm
N2a		500		Para-aortic > 2.0 mm

*Green font italics: Definition for Sarcomas/Adenosarcomas*

EOD also includes codes 800 for RLNs NOS, and 999.

# FIGO Stage III: T versus N

26

SS18	EOD	EOD T/N	FIGO	Description
2	650	T3	<b>III</b>	Serosa of corpus, adnexa, FT(s), ovary(s), vagina, or parametrium; <i>abdominal tissues</i>
2	550	T3a	<b>IIIA</b>	Tumor invades serosa of corpus uteri and/or adnexa; <i>1 site</i>
2	600	T3b	<b>IIIB</b>	Vaginal &/or parametrial involvement; > 1 site
3	<i>300</i>	<i>N1</i>	<i>IIIC</i>	<i>RLNs involved</i>
	300	N1	<b>IIIC1</b>	Pelvic, diameter of metastasis unknown
	100	N1mi		Pelvic > 0.2 mm but ≤ 2.0 mm
	200	N1a		Pelvic > 2.0 mm
	600	N2	<b>IIIC2</b>	Para-aortic, diameter of metastasis unknown
	400	N2mi		Para-aortic > 0.2 mm but ≤ 2.0 mm
	500	N2a		Para-aortic > 2.0 mm

*Green font italics: Definition for Sarcomas/Adenosarcomas*



# Mets at Diagnosis

27

SS	EOD	EOD M	FIGO	Description
	<b>00</b>	<b>M0</b>		No distant metastasis; Unknown if distant metastasis
	<b>10</b>			Distant LN(s) Deep Inguinal Node of Cloquet or Rosenmuller (highest deep inguinal) Inguinal, NOS Superficial inguinal (femoral) Distant lymph node(s), NOS
<b>7</b>	<b>70</b>	<b>M1</b>	<b>4B</b>	Distant metastasis, NOS Bone Intraperitoneal disease Liver Lung Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS FIGO Stage IV [NOS]
	<b>99</b>			Death Certificate Only

# Corpus EOD and SS18 Fields

## Case Scenario

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### EOD Primary Tumor

(invasion 23 of 24 mm of myometrium)

### EOD Regional Nodes

(negative per CT)

### EOD Mets

(no evidence of mets)

### Summary Stage 2018

(invasion of myometrium)

# Corpus FIGO Stage Carcinoma/Carcinosarcoma

29

LNs (-)	LNs (?)	Pelvic LNs	Para-aortic	Mets
		(+)	(+)	
I		IIIC1	IIIC2	IVB
IA				
IB				
II				
III				
IIIA				
IIIB				
IVA				

No in situ stage in FIGO or AJCC

IIIC1 and IIIC2 divided into N1/N2 mi & a subcategories in AJCC

# Corpus FIGO Stage Sarcoma and Adenosarcoma

30

Leiomyosarcoma and ESS				Adenosarcoma			
LN (-)	LN (?)	LN (+)	Mets	LN (-)	(?)	(+)	Mets
I		IIIC	IVB	I		IIIC	IVB
IA				IA			
IB				IB			
II				IC			
III				II			
IIIA				III			
IIIB				IIIA			
IVA				IVA			

# Corpus: AJCC Staging Fields

## Case Scenario

31

cT	(unknown level of invasion)
cN	(LNs negative on imaging)
cM	(no evidence mets on imaging)

### Prognostic Stage Group

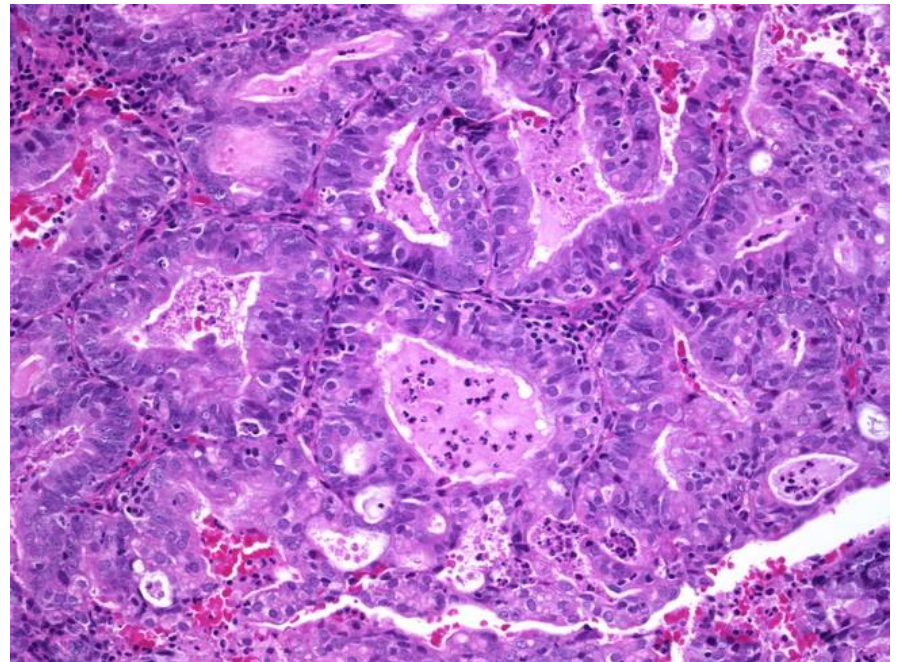
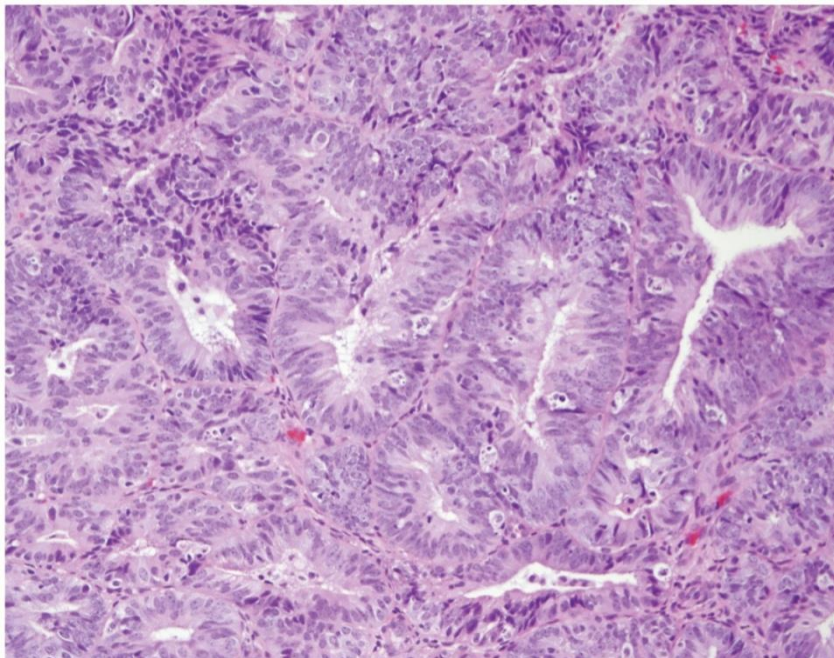
pT	(invades $\geq \frac{1}{2}$ of myometrium)
pN	(LNs negative on imaging)
pM	(no evidence of mets)

### Prognostic Stage Group

**GRADE**  
**SSDI**



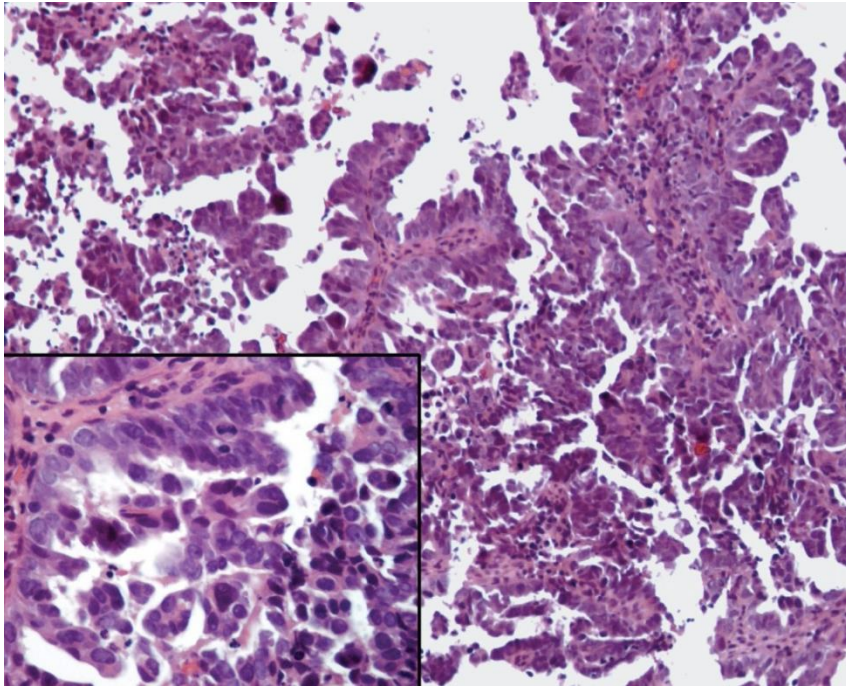
# Endometrioid Carcinoma



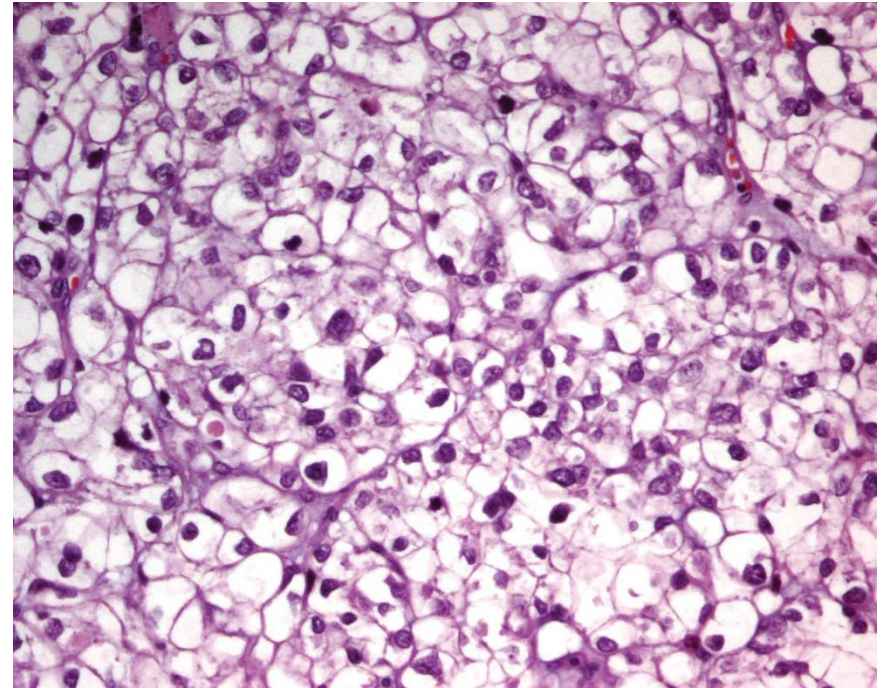


# Serous CA and Clear Cell CA

## Serous carcinoma



## Clear cell carcinoma



# Grade Clinical Guidelines

- Cannot be BLANK
- Histological exam is done (FNA, biopsy, needle core biopsy, etc.)
- Assign highest grade from primary tumor during clinical time frame
- Code 9 when:
  - Grade from primary site not documented
  - Clinical staging N/A (incidental finding)
  - Grade checked N/A on CAP Protocol
- If only 1 grade available, and unknown grade time frame, assign it to grade clinical

# Grade Pathological Guidelines

- Cannot be BLANK
- Surgical resection performed
  - Assign highest grade from PRIMARY tumor
    - Use **Grade Clinical** when:
      - Clinical grade is higher
      - No grade documented
      - No residual cancer
- Code **9** when:
  - Grade from primary site not documented
  - No resection of primary tumor; clinical case only
  - Neoadjuvant therapy administered
  - Only 1 grade available & unknown if c or p
  - Grade checked N/A on CAP Protocol

# Grade Post-Therapy Guidelines

- Leave BLANK when:
  - No neoadjuvant therapy
  - Clinical or pathological case only
  - Only 1 grade available & unknown if c, p, or yp
- Assign highest grade from primary tumor that is resected AFTER neoadjuvant therapy completed
- Code 9 when:
  - Surgical resection done post neoadjuvant tx and grade from primary tumor not documented
  - No residual tumor
  - Grade checked N/A on CAP Protocol

# Grade ID Table 13: Carcinoma/ Carcinosarcoma & Sarcoma

38

CODE	Grade Description
1	G1, FIGO G1, Well differentiated
2	G2, FIGO G2, Moderately differentiated
3	G3, FIGO G3, Poorly diff, undiff, anaplastic
9	Unknown, can't assess

FIGO Grade	% Non-squamous or non-morular growth pattern
G1	<5% (Well differentiated)
G2	6%-50% (Moderately differentiated)
G3	>50% (Poorly differentiated)

CAnswer Forum: Dedifferentiated endometrial carcinomas are included in the same group as clear cell and serous carcinomas, which are always assigned a G3.

# Grade ID Table 14: Corpus Adenosarcoma

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly diff, undiff, anaplastic
L	Low grade
H	High grade
S	Sarcomatous overgrowth
9	Unknown; can't assess

# Grade Fields – Case Scenario

## Grade Clinical

(focal undifferentiated carcinoma)

## Grade Pathological

(dedifferentiated is always G3)

## Grade Post-therapy

(No neoadjuvant therapy)



# SSDI: FIGO Stage

- Code highest FIGO stage documented in medical record
  - Most extensive from clinical or pathological timeframe
- Don't code FIGO stage based only on T, N, and M
- If stage group is stated, but not specified as FIGO, assume it is FIGO
- Code 97 for in situ cases
- If FIGO stage not documented, code 99
- FIGO stage ≠ FIGO grade

FIGO Stage summary table on pages 220-221 in SSDI Manual (v1.7) – lists applicable codes by chapter

# Corpus SSDI FIGO Stage

42

Code	Description	Code	Description
01	FIGO Stage I	40	FIGO Stage IV
02	FIGO Stage IA	41	FIGO Stage IVA
05	FIGO Stage IB	42	FIGO Stage IVB
08	FIGO Stage IC	ONLY for Adenosarcoma	
20	FIGO Stage II		
21	FIGO Stage IIA	N/A to Carcinoma/Carcinosarcoma	
24	FIGO Stage IIB		
30	FIGO Stage III	97	Carcinoma in situ (noninvasive)
31	FIGO Stage IIIA	98	N/A; Info not collected
36	FIGO Stage IIIB	99	Not documented in pt. record; FIGO not/unknown if assessed
37	FIGO Stage IIIC		
38	FIGO Stage IIIC1	ONLY for Carcinoma/Carcinosarcoma	
39	FIGO Stage IIIC2		

- 4 SSDI

- |  |                             |
|--|-----------------------------|
| <ul style="list-style-type: none"><li>● # of Positive Pelvic LNs</li><li>● # of Positive Para-aortic LNs</li></ul> | Same instructions and codes |
|--|-----------------------------|

- |  |                             |
|--|-----------------------------|
| <ul style="list-style-type: none"><li>● # of Examined Pelvic LNs</li><li>● # of Examined Para-aortic LNs</li></ul> | Same instructions and codes |
|--|-----------------------------|

- Based on LND (Except code X6 in all 4 fields)
- Record # pelvic/para-aortic LNs examined/(+)
- *Code X9 if no lymph node dissection performed*
- Can use MD statement when no other info
- ITCs are **negative** LNs

# Corpus SSDI: Codes for LN Fields

44

Substitute “pelvic” or “para-aortic” for “□”

Code	Description	
	Number □ LNs Positive	Number □ LNs Examined
00	All □ examined LN (-)	No □ nodes examined
01 – 99	1 – 99 □ nodes (+) (code exact number)	1 – 99 □ nodes examined (code exact number)
X1	≥ 100 □ nodes (+)	≥ 100 □ nodes examined
X2	□ LNs (+), # unknown	□ LNs examined, # unknown
X6	(+) aspiration or core biopsy of □ LN only	Aspiration or core biopsy of □ LN only
X8	N/A; Info not collected for this case	
X9	Not documented in patient record; □ LN not assessed or unknown if assessed	

X9 versus 00 when no □ nodes examined – fix in 2021?

# SSDI: Peritoneal Cytology (Path Report)

45

- MD statement can be used when no other info available
- aka peritoneal ascitic fluid, peritoneal washing, pelvic washing
- May be ascites or fluid introduced into cavity or pelvis, and then removed by suction

Code	Description
0	Peritoneal cytology/washing negative for malignancy
1	Peritoneal cytology/washing atypical and/or suspicious
2	Peritoneal cytology/washing malignant (+ malignancy)
3	Unsatisfactory/nondiagnostic
7	Test ordered, results not in chart
8	N/A; Info not collected for this case
9	Not documented in patient record; peritoneal cytology not assessed or unknown if assessed

# Corpus SSDI Fields

## Case Scenario

FIGO Stage

# Positive Pelvic LNs

# Examined Pelvic LNs

# Positive Para-aortic LNs

# Examined Para-aortic LNs

Peritoneal Cytology

# Molecular Subgroups

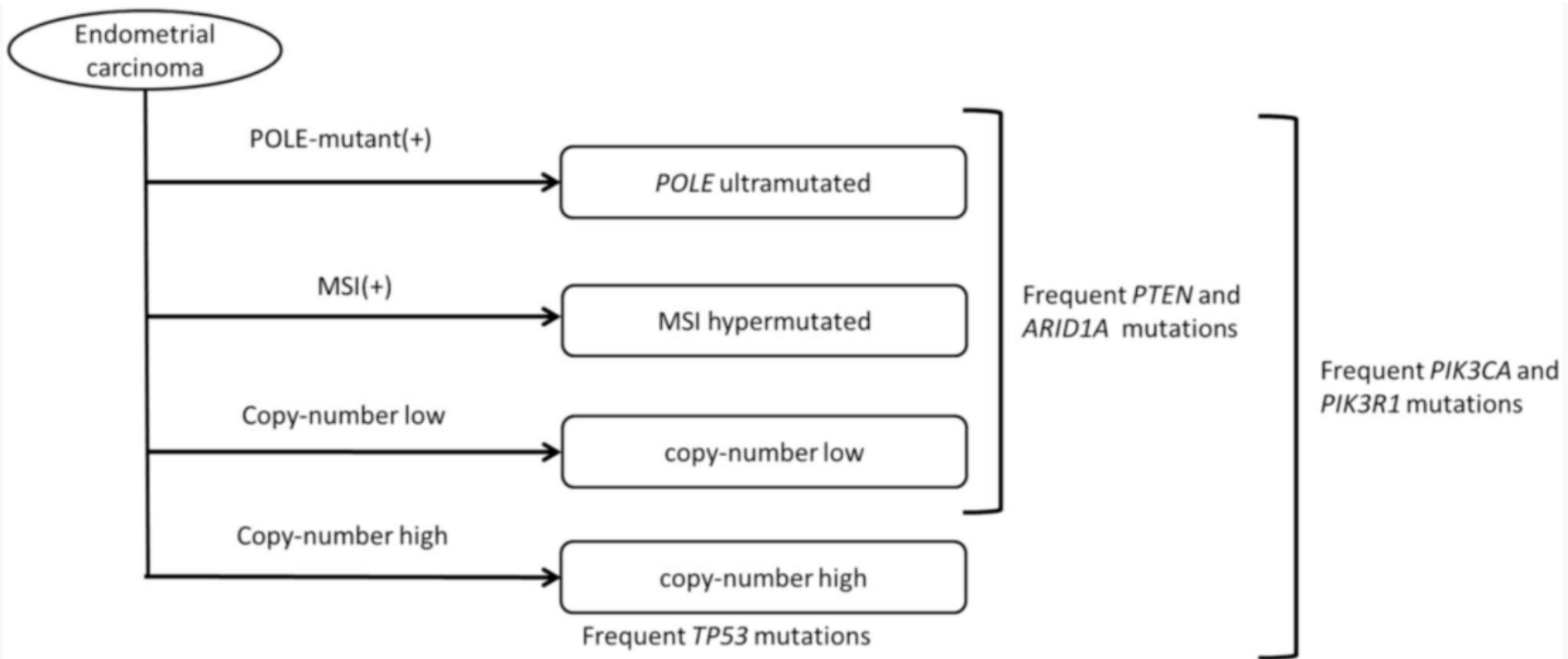


Figure 1. - Classification and characteristics of endometrial cancer, as determined by genome-wide analysis. The novel classification of endometrial cancer is based on POLE gene abnormalities, MSI and chromosomal copy number. POLE gene-positive subjects are classified into the POLE ultramutated group and MSI-positive subjects are classified into the MSI hypermutated group. Those patients with a low or high chromosomal copy number are classified into the copy-number low and high groups, respectively. POLE, polymerase  $\epsilon$ ; MSI, microsatellite instability; TP53, tumor protein 53; PTEN, phosphatase and tensin homolog; ARID1A, AT-rich interactive domain 1A; PIK3CA, phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit  $\alpha$ ; PIK3R1, phosphatidylinositol-3-kinase regulatory subunit 1.

# Important Factors to Determine Treatment Choices for Epithelial CA

- High risk carcinoma histologies
  - Serous carcinoma
  - Clear cell carcinoma
  - Undifferentiated
  - Carcinosarcoma
- FIGO Stage
- Tumor Grade



# Endometrioid CA Treatment

- TH/BSO
  - Surgical approaches: laparoscopic, robotic, vaginal, abdominal
- LN Assessment
  - SLN
  - Pelvic LN dissection
    - External, internal, common iliac
    - Obturator
  - ± Para-aortic

# Surgery Coding

- D&C?

- Code 02 as surgical dx/staging procedure *IF path shows invasive*
- Code 20 simple excision *IF path shows only in situ*

20 Local tumor excision, NOS; simple excision, NOS

24 Excisional biopsy

25 Polypectomy

26 Myomectomy

**Any combination of 20 or 24–26 WITH**

21 Electrocautery

22 Cryosurgery

23 Laser ablation or excision

**[SEER Note:** Margins of resection may have microscopic involvement]

30 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies)

31 WITHOUT tube(s) and ovary(ies)

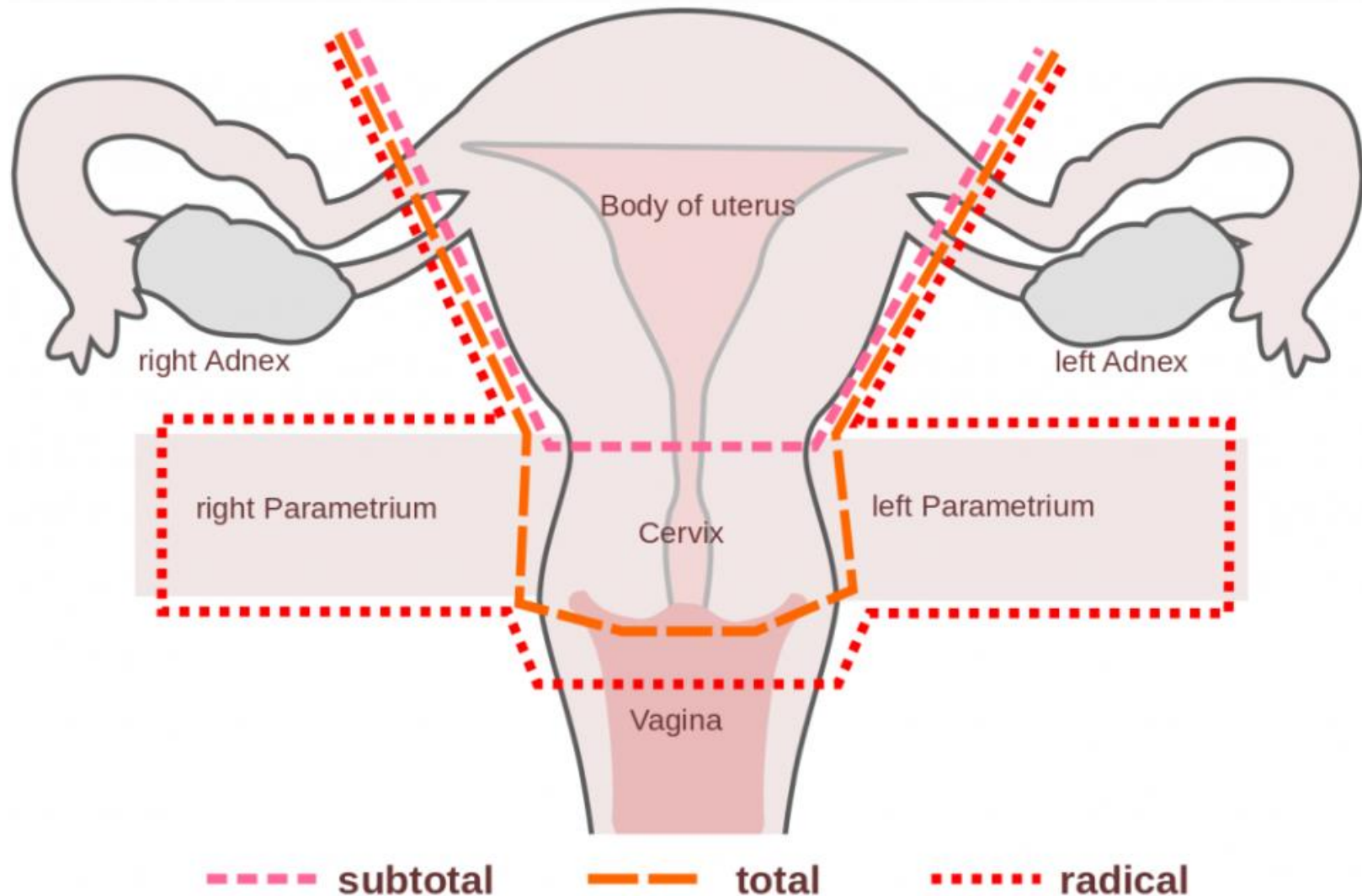
32 WITH tube(s) and ovary(ies)

**[SEER Note:** For these procedures, the cervix is left in place]

# Surgical Staging\* for Endometrial Carcinoma – When?

- Grade 3 lesions
- Grade 2 tumors > 2 cm in diameter
- Clear cell or papillary serous carcinoma histology
- Greater than 50% myometrial invasion
- Cervical extension

# Types of Hysterectomies



# Surgery Coding

- 40 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)  
Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.
- 50 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)  
Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.
- 60 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
  - 61 Modified radical hysterectomy
  - 62 Extended hysterectomy
  - 63 Radical hysterectomy; Wertheim procedure  
[**SEER Note:** Use code 63 for “Type III” hysterectomy]
  - 64 Extended radical hysterectomy
- 65 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)
  - 66 WITHOUT removal of tube(s) and ovary(ies)
  - 67 WITH removal of tube(s) and ovary(ies)

# Better Definition:

## Hysterectomy Surgery Codes

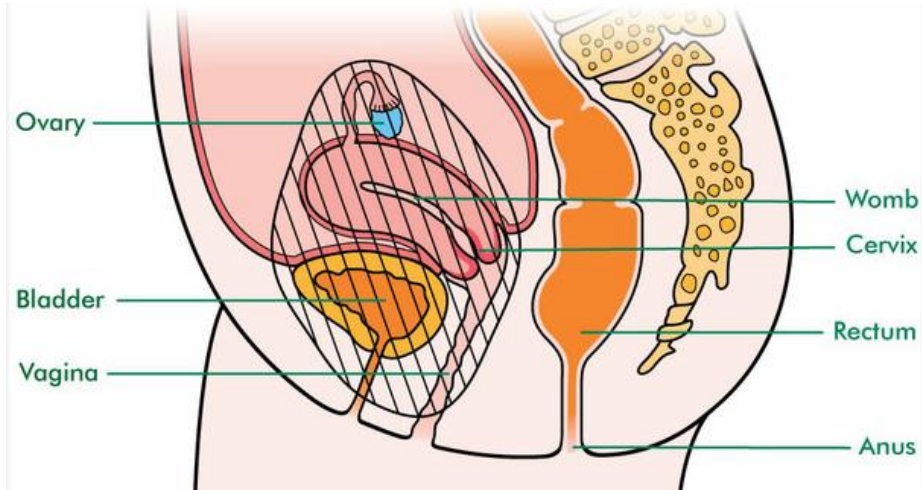
CODE	Definition
61	Modified radical – type 2, removes uterus & parametrium (halfway to pelvic wall) and mobilizes ureters
62	Extended – traditional hysterectomy and lymphadenectomy with wider excision
63	Radical – type 3, Wertheim or Meigs, uterus, partial vaginectomy and removal paravaginal support structures, lymphadenectomy, complete removal parametrium at pelvic wall,
64	Extended radical – Code 63 PLUS full mobilization of ureters past bladder to allow removal of more paracervical tissue

# Surgery Coding

- 75 Pelvic exenteration
- 76 Anterior exenteration
  - Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.
  - [**SEER Note:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]
- 77 Posterior exenteration
  - Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.
  - [**SEER Note:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]
- 78 Total exenteration
  - Includes removal of all pelvic contents and pelvic lymph nodes.
  - [**SEER Note:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]
- 79 Extended exenteration
  - Includes pelvic blood vessels or bony pelvis

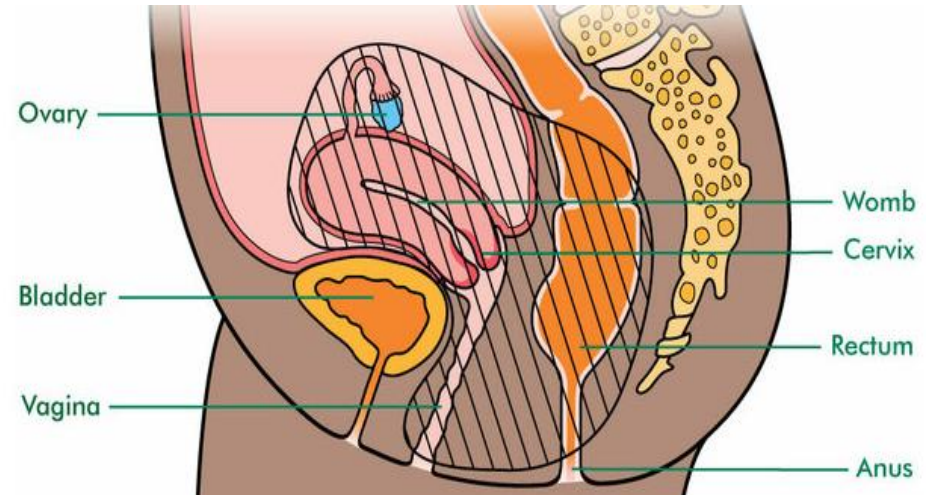
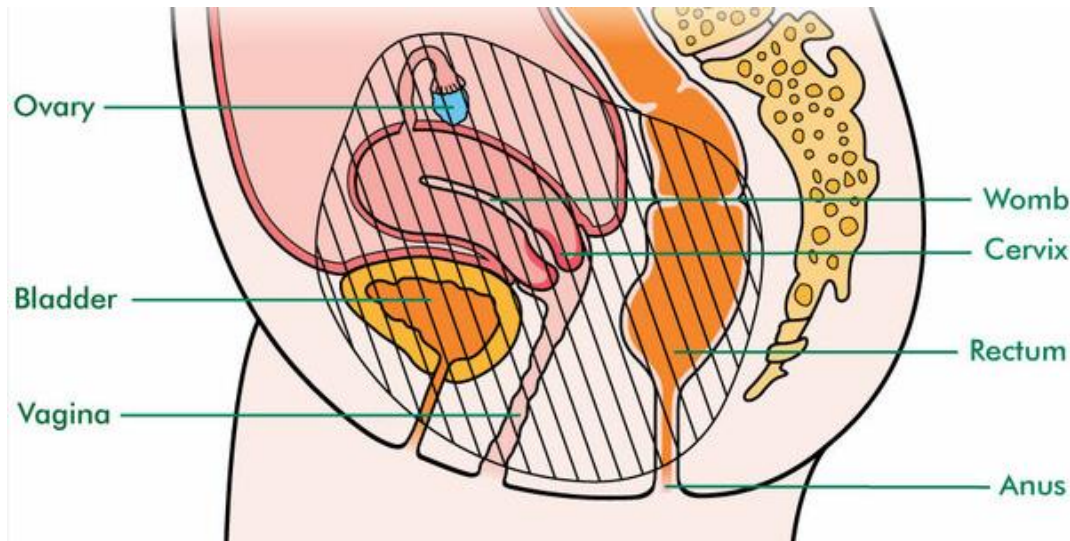


# Female Exenteration



Anterior

Total



Posterior



# Surgery, Etc.

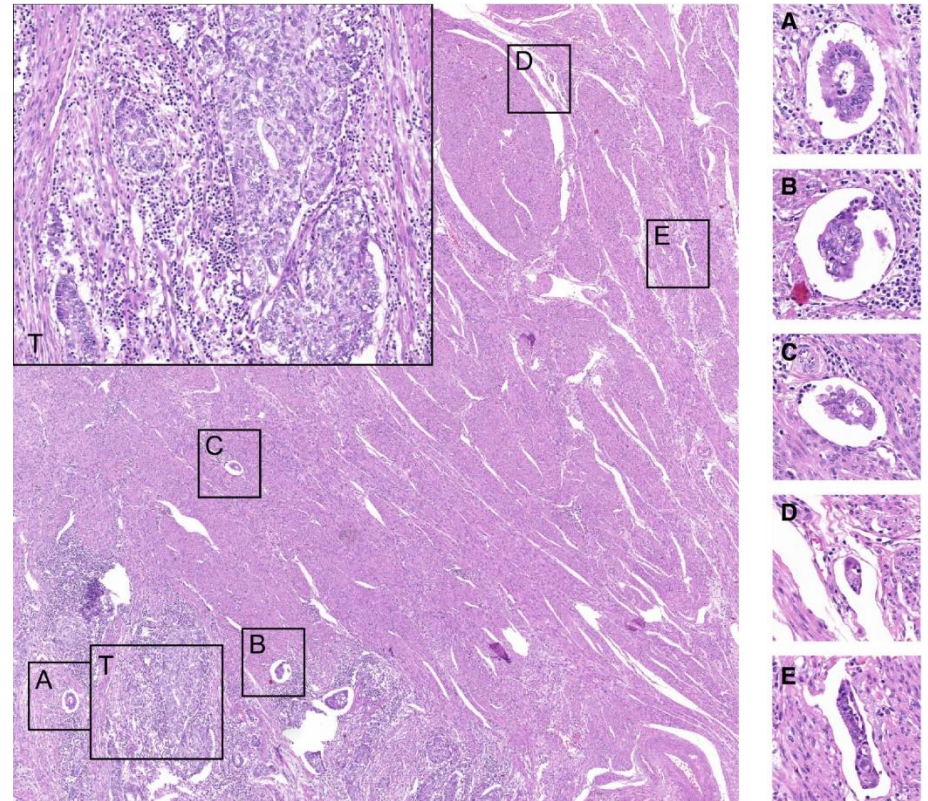
- Pelvic washings/peritoneal lavage
  - If positive, may NOT change stage, but may change adjuvant treatment recommendations
- Omentectomy
  - If direct extension of tumor, pT4
  - If separate lesions, pM1
  - Code in Surgical Procedure/Other Site field

# High-intermediate Risk (HIR) for Recurrence for Endometrioid

- Used to choose patients who may benefit from adjuvant RT
- Deep myometrial invasion
- Grade
- LV space invasion
- Age
  - < 50 y.o., need all 3 HIR
  - 50 – 70 y.o., need 2 of 3 risk factors
  - > 70 y.o., need 1 risk factor

# Lymphovascular Space Invasion

- Pathologist uses 3-tier system
  - None or negative
  - Mild or focal
    - A focus around tumor
    - May involve more than one vessel
  - Substantial
    - Diffuse or multifocal



**Histopathology, Volume: 75, Issue: 1, Pages: 128-136, First published: 02 June 2019, DOI: (10.1111/his.13871)**

# Endometrioid Adjuvant Treatment (post Hysterectomy)

FIGO	Grade	Adjuvant Tx
IA	G1, G2	Observation <b>OR</b> vag brachy if LVSI and/or $\geq 60$ y.o.
	G3	Vag brachy <b>OR</b> observation if no myoinvasion <b>OR</b> consider EBRT if HIR
IB	G1	Vag brachy <b>OR</b> consider observation if no HIR
	G2	Vag brachy <b>OR</b> consider EBRT if HIR <b>OR</b> consider observation if no HIR
	G3	RT (EBRT and/or vag brachy) $\pm$ systemic therapy
II	G1 – G3	EBRT and/or vag brachy $\pm$ systemic therapy
III, IV	G1 – G3	Systemic therapy $\pm$ EBRT $\pm$ vag brachy

# High Risk Carcinoma Histo\* Adjuvant Treatment (post Hysterectomy)

61

FIGO	Adjuvant Tx
IA	Systemic therapy + vag brachy <b>OR</b> EBRT ± vag brachy <b>OR</b> vag brachy (if non-invasive) <b>OR</b> observe
IB, II, III, IV	Systemic therapy ± EBRT ± vag brachy

# Systemic Therapy for Endometrial CA

- Carboplatin/paclitaxel (carcinosarcoma)
- Carbo, taxol, trastuzumab (stage III/IV or recurrent HER2+)
- Others:
  - Carbo, docetaxel
  - Cisplatin, doxorubicin ± paclitaxel
  - Carbo, paclitaxel, bevacizumab
  - Toptecan
  - Temsirolimus
- Carcinosarcoma: ifosfamide added
- Pembrolizimub (if MSI-H/MMR +)
- Larotrectinib for NTRK gene fusion-+ tumors

# Hormone Therapy for Endometrial CA

- Medroxyprogesterone acetate/tamoxifen (alternating)
- Megestrol acetate/tamoxifen (alternating)
- Progestational agents
  - Medroxyprogesterone acetate
  - Megestrol acetate
  - Levonorgestrel IUD (for fertility-sparing cases)
    - Aka LNG IUD, Mirena \*\*
- Aromatase inhibitors
- Tamoxifen
- Fulvestrant
- Everolimus/letrozole (if endometrioid histology)

# Low Grade ESS Adjuvant Tx

FIGO	Adjuvant Tx
I	BSO <b>OR</b> Observe, especially if menopausal or prior BSO
II, III, IVA	BSO ± anti-estrogen hormone ± EBRT
IVB	BSO ± anti-estrogen hormone ± palliative EBRT



# High Grade ESS, Undifferentiated, or Leiomyosarcoma Adjuvant Tx

<b>FIGO</b>	<b>Adjuvant Tx</b>
I	Observe
II, III	Consider systemic therapy and/or consider EBRT
IVA	Systemic therapy and/or EBRT
IVB	Systemic therapy and/or palliative EBRT

# Systemic Therapy for Uterine Sarcomas

- Doxorubicin ±
  - Ifosamide or dacarbazine
- Gemcitabine ±
  - Docetaxel or dacarbazine or vinorelbine
- Pazopanib
- Temozolomide
- Trabectedin
- Eribulin
- Larotrectinib for NTRK+ gene fusion tumors

For low grade ESS OR ER/PR + leiomyosarcomas

- Aromatase inhibitors
- Fulvestrant
- Megestrol acetate
- Medroxyprogesterone acetate
- GnRH analogs

# Principles of Radiation Therapy

## Target Volumes

- Gross disease if present
- Regional LN (iliacs & obturators)
- Parametria
- Upper/para vaginal tissue

## Extended Field

- Include traditional target
- Plus common iliac and para-aortic LN

# Adjuvant External Beam Radiation Therapy

Should be 45-50 Gy for microscopic disease

- Review for conformal OR IMRT technique
- Could be boosted to 60-70 Gy

Pelvic EBRT

- Can treat vagina  $\pm$  regional lymphatics at risk

# Brachytherapy Adjuvant Therapy

Dose dependent on EBRT amount

May be done as boost to EBRT

- Depth of vaginal surface penetration can vary
- LVSI or positive margins, longer vaginal segment may be treated
- Hypo, hyper fractions

# Coding Radiation ... Help?

## **CTR Guide to Coding Radiation Therapy Treatment in the STORE**

*Version 2.0 February, 2020*

- Case # 13 is an example of endometrial cancer treated with pelvic EBRT and vaginal cuff brachy
  - Volume EBRT pelvis NOS (86) + pelv LN 06
  - Volume brachy 72 vagina but 00 for regional LN
  - We can NOT add total dose from EBRT plus total of brachy

# Any Questions?

